

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39930

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1160

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Forsythe 1060	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp		Length of stay in lb 15 days	
d. STREET ADDRESS Lookout Acres		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle William Last Dowdican		4. DATE OF DEATH Month December Day 3 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1888
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months 8 Days 26 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Automotive Salesman	
11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter E. Dowdican		14. MOTHER'S MAIDEN NAME Anna Henson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 	
17. INFORMANT Franklin W. Dowdican		Address Milwaukee,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Biliary Cirrhosis DUE TO (c) 		WISCONSIN INTERVAL BETWEEN ONSET AND DEATH 157X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from Nov. 27 1957 to Dec. 3, 1957 and last saw him alive on Dec. 3, 1957 Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn F. Rose M.D.		22b. ADDRESS Prof. Bldg. Springfield Mo	
22c. DATE SIGNED 12-4-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Dec. 4, 1957		23c. NAME OF CEMETERY OR CREMATORY Milwaukee	
23d. LOCATION (City, town, or county) Milwaukee, Wisconsin		23e. STATE Wisconsin	
24. FUNERAL DIRECTOR Borner - 444 W. 7th St. - Springfield, Mo		25. DATE RECD. BY LOCAL REG. 12-4-57	
26. REGISTRAR'S SIGNATURE Tracy Williamson		(Licensed Embalmer's Statement on Reverse Side)	

SEP 18 1951
JAN 2 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Laura G. Scherby

Licensed Embalmer No. 3802

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.